

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

32661

1. PLACE OF DEATH

County Anderson Registration District No. 26
 Township South Primary Registration District No. 3002
 City Mexico (No. 222 East Normal) St. _____ Ward _____

File No. _____
 Registered No. 153

2. FULL NAME Edna-Elizabeth Boatman

(a) Residence. No. _____ St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

W.M. Boatman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 2 - 1892

7. AGE YEARS MONTHS DAYS : If LESS than 1 day, hrs. or min.
96 8 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Wife
 (b) General nature of industry, business, or establishment in which employed (or employer) 111? heart
 (c) Name of employer 104?
16?

9. BIRTHPLACE (CITY OR TOWN) Howard Co Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER John W. Watts

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12?

12. MAIDEN NAME OF MOTHER Roseella Gibbs

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia's

14. INFORMANT (Address) J.E. Boatman
St Louis Mo.

15. Oct 28, 1928 Ira S. Milligan
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 12 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1928, to Oct 12, 1928 that I last saw her alive on Oct 12, 1928 and that death occurred, on the date stated above, at 4:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Operation of right
lung and death
of heart

CONTRIBUTORY (SECONDARY) Emphysema
 (duration) yrs. mos. ds. 1/2

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. K. Phillips, M. D.
 , 19 (Address) Mexico Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

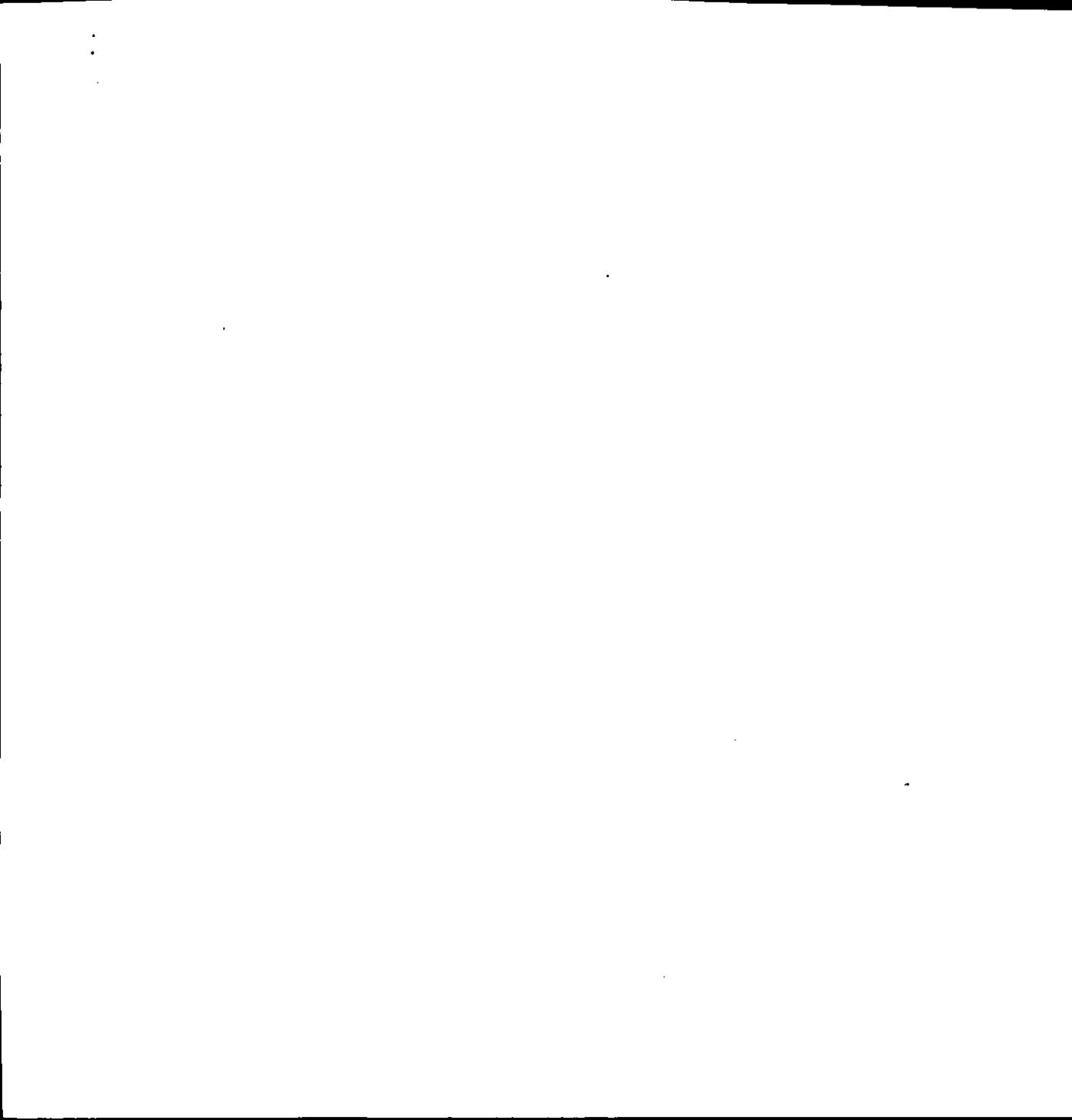
19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Mexico-Mo Cem 10-14 1928

20. UNDERTAKER

H. A. Brock & Son Mexico

WFO



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Reidman
Towship _____
City Murice (No. _____ St. _____ Ward _____)

Registration District No. 26
Primary Registration District No. 3082

File No. _____
Registered No. 1513

2. FULL NAME

Edna Elizabeth Boatman

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) _____

10. NAME OF FATHER _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) _____

14. INFORMANT (Address) _____

15. Det 13th 25 Ira A Milligan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 12 19 28

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Congestive heart failure
secondary to weak heart
and high blood pressure
of long standing
caused weak heart probably advanced age

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE _____
WAS THERE AN AUTOPT? _____
WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) _____, M. D.
, 19____ (Address) _____

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____ 19____

20. UNDERTAKER _____ ADDRESS _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

